



Communicating about Health Inequities:

Beliefs & Values, Policies & Practices, Risks & Solutions

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Communication and Beyond: Reaching a New Generation of Public
Health Leaders
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Disclosures?

I have no financial disclosures related to this presentation.



Objectives

- Define equity
- Understand the difference between the terms health disparity and health inequity
- Apply a process for identifying the root causes of and solutions for health disparities
- Be able to construct a clear narrative about health inequities and their root cause solutions



What does equity mean?

noun | eq·ui·ty | \ˈe-kwə-tē\

the quality of being fair and impartial



If we have equity, what would we see?

Equity is just and fair inclusion into a society in which all...
can participate, prosper, and reach their full potential.

Equity gives all people a just and fair shot in life despite
historic patterns of exclusion, e.g., racial and economic.

(Modified from Angela Glover Blackwell, Founder and CEO PolicyLink)

What is a health disparity?

A difference between two or more groups or locations.



WEST OAKLAND
LIFE EXPECTANCY

71

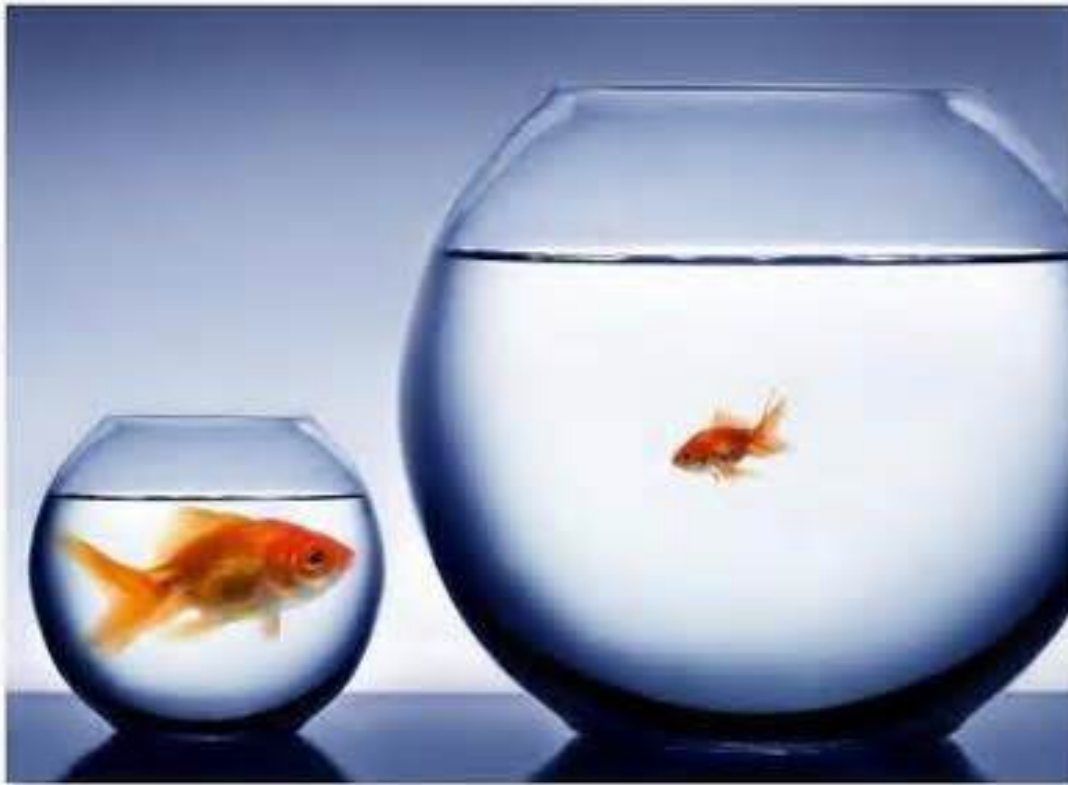


OAKLAND HILLS
LIFE EXPECTANCY

85

What is a health inequity?

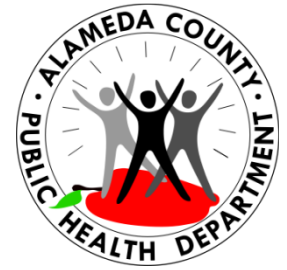
A difference based on unfairness and/or injustice.



Opportunity is based on availability AND...
One's current situation and/or circumstances.



Opportunity is based on availability AND...
One's current situation and/or circumstances.



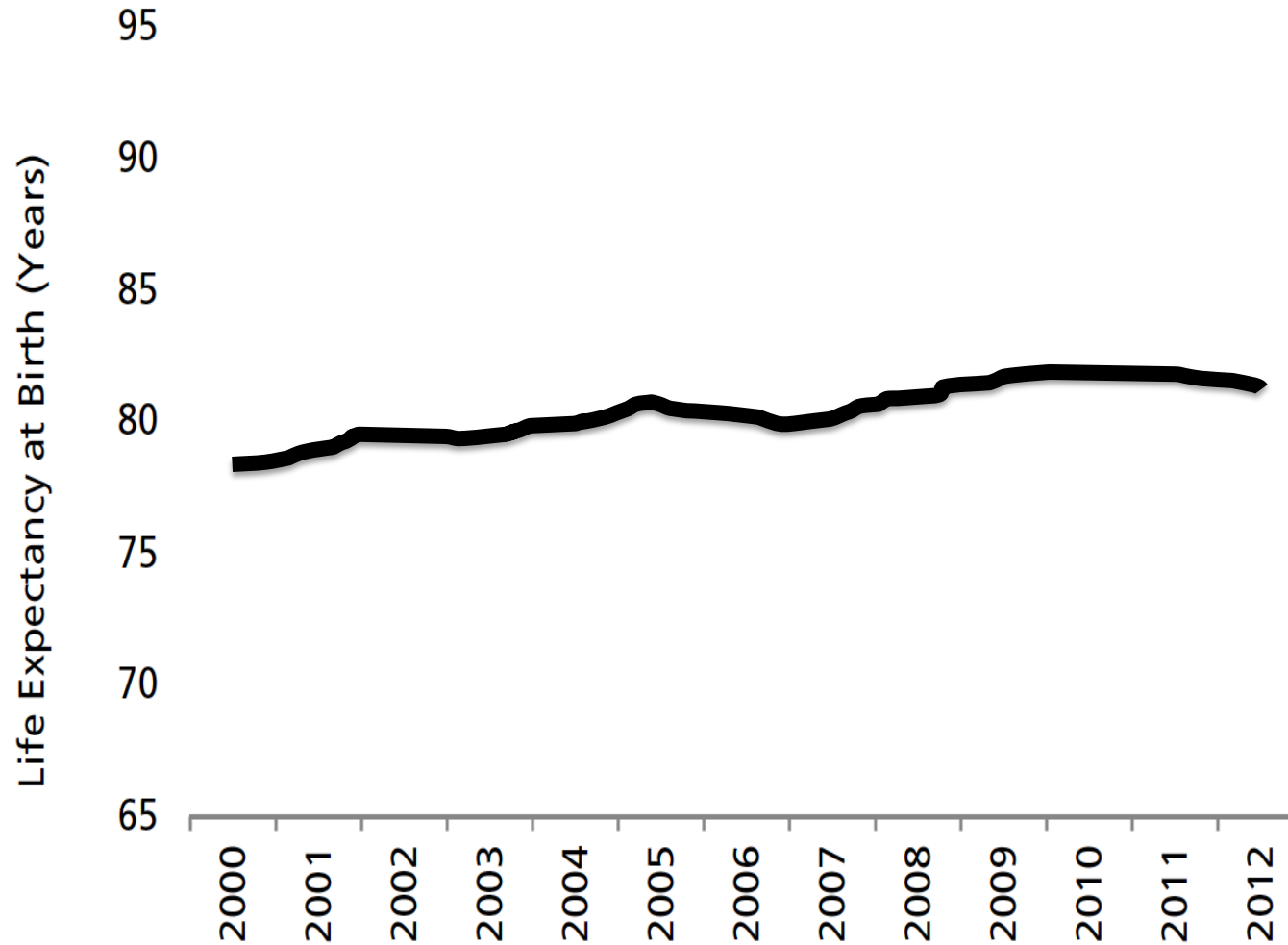
Opportunity is based on availability AND...
One's current situation and/or circumstances.



Equity Frameworks help identify roots
causes of and solutions for disparities.



Life expectancy has been improving for years now.



Source: Alameda County Vital Statistics Files, 2000-2012.





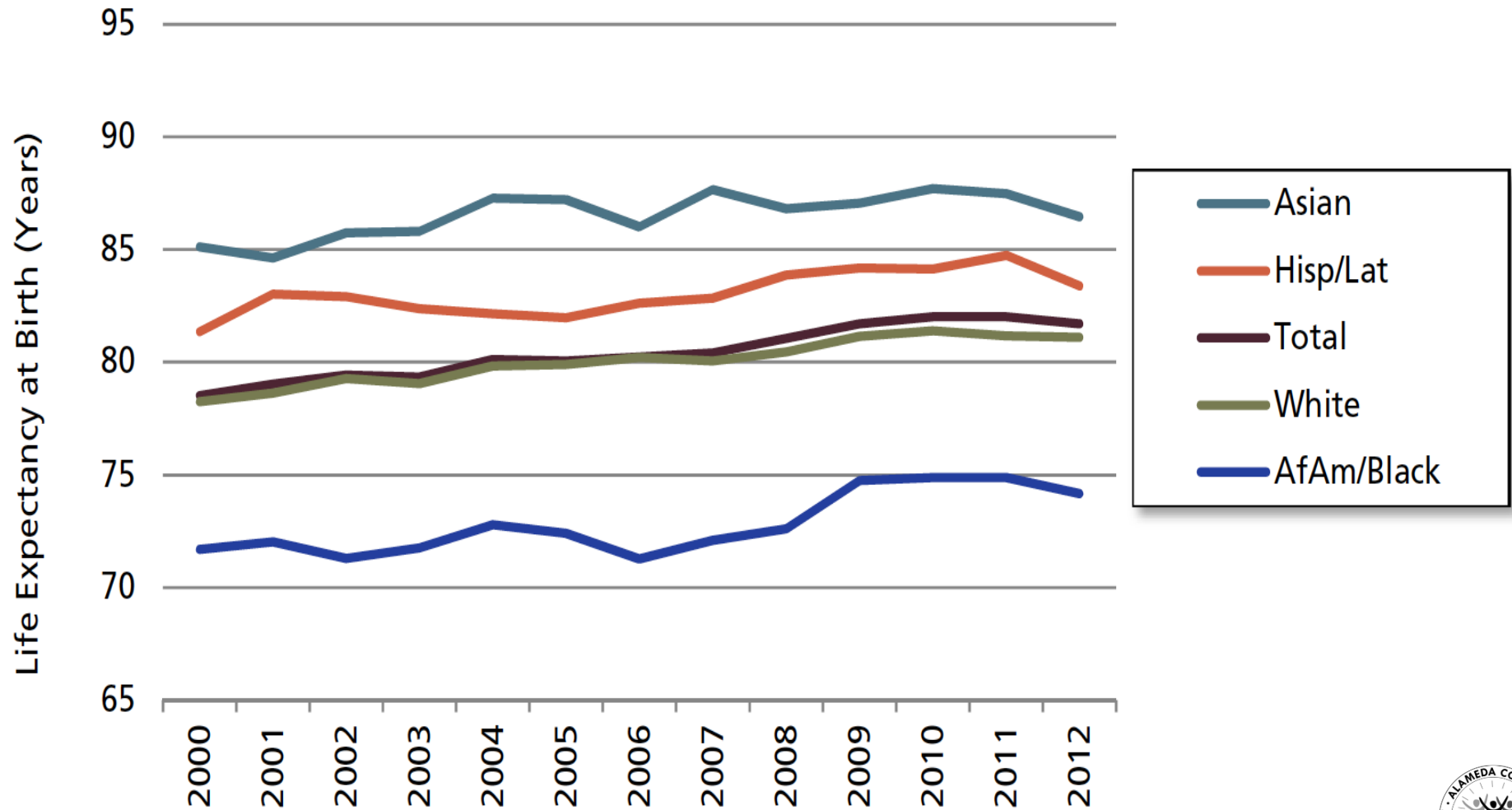
Just a little data...

Doesn't always lead to
the correct answer.

HEALTH EQUITY

A solid blue rectangular bar is positioned below the text "HEALTH EQUITY".

Life expectancy has been improving for years now.
The disparities between racial and ethnic groups still persist.



Source: Alameda County Vital Statistics Files, 2000-2012.



5 Leading Causes of Death by Neighborhood Poverty Level, 2000-2010

<10% Poverty (Affluent)

1 Cancer	26%
2 Diseases of Heart	23%
3 Stroke	6%
4 CLRD	5%
5 Alzheimer's Disease	4%



Top 5 account for 63% of deaths

10-20% Poverty

1 Cancer	24%
2 Diseases of Heart	23%
3 Stroke	6%
4 CLRD	5%
5 Unintentional Injuries	4%

Top 5 account for 62% of deaths

20-30% Poverty

1 Cancer	21%
2 Diseases of Heart	20%
3 Stroke	7%
4 CLRD	5%
5 Unintentional Injuries	5%

Top 5 account for 58% of deaths

30%+ Poverty (Very High Poverty)

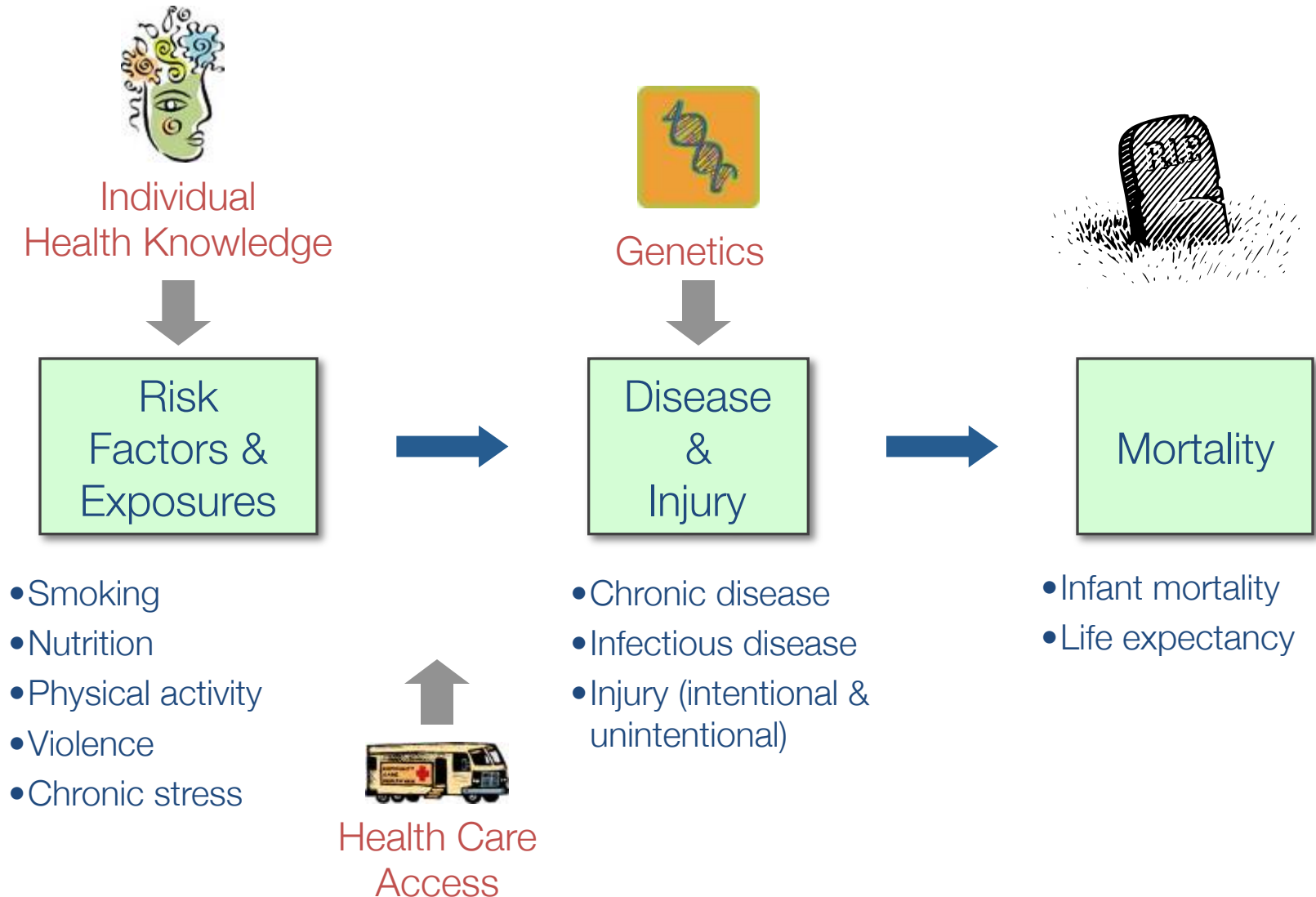
1 Cancer	22%
2 Diseases of Heart	22%
3 Stroke	7%
4 Homicide	5%
5 Unintentional Injuries	4%



Top 5 account for 61% of deaths

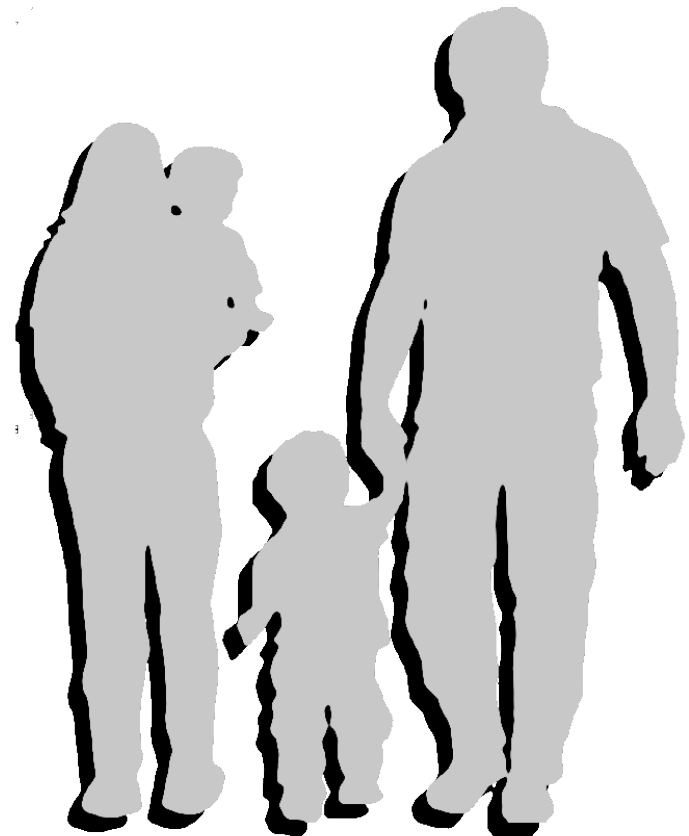
What causes health disparities?

The Medical Model focuses on genes and individual risk.



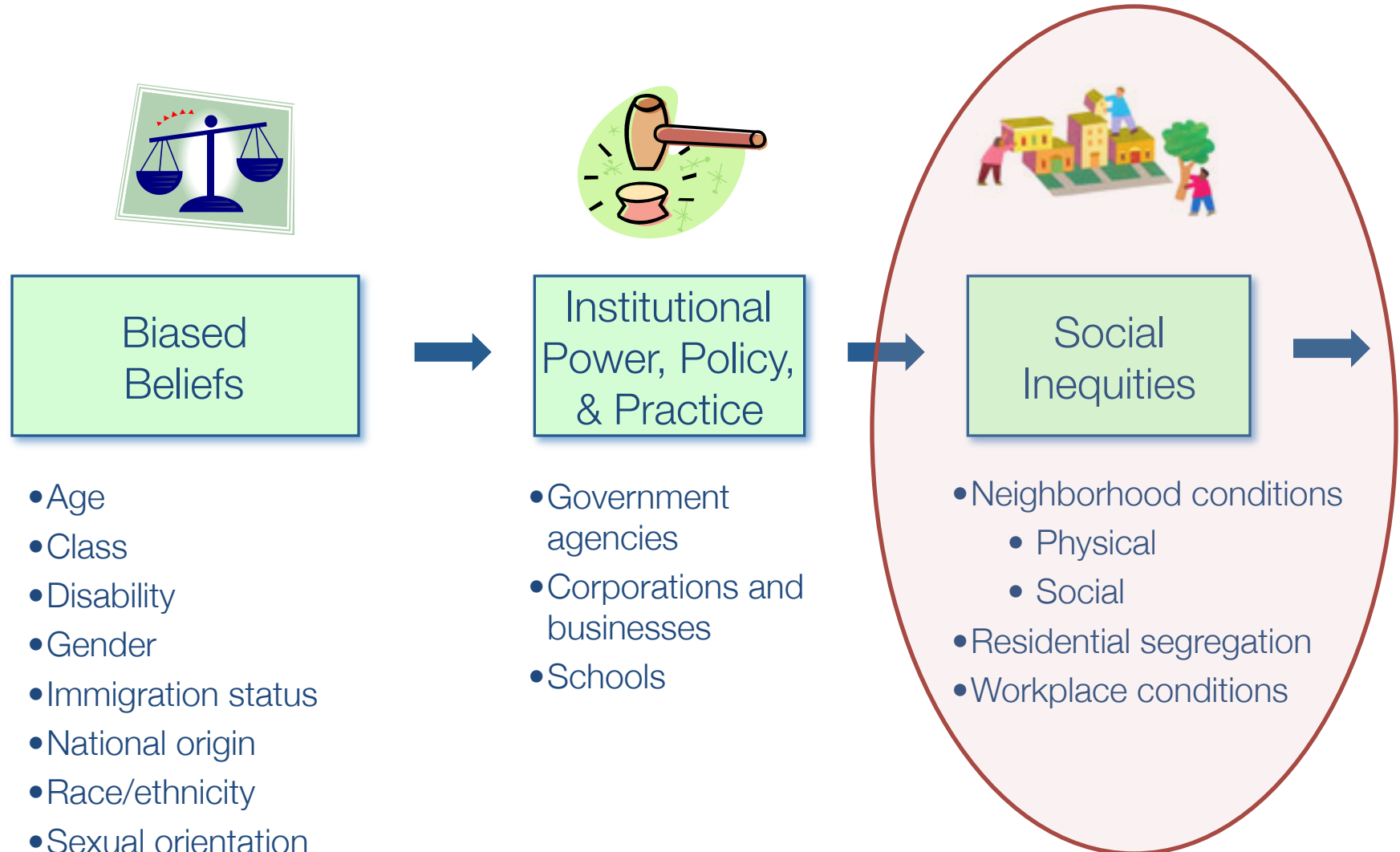
Portrait View of Individuals....

Understand an individual's genes, risk factors/behaviors, the behavioral changes and medications needed to reduce risk.



What causes health inequities?

Socio-Ecological Medical Model focuses on the cause of risk.



Move from Portrait to Landscape....

Understand social and environmental exposures, their root causes and the actions needed to reduce risk.





**NOW YOU CAN
PAY RENT
AND EAT.**

**BK BREAKFAST
VALUE MENU**



10 ITEMS STARTING AT \$1 EACH

PRICE AND PARTICIPATION MAY VARY

Institutional practices and community development directly and indirectly protect health and well-being.

Communities of Opportunity

- Parks
- Safe/Walkable Streets
- Grocery Stores
- Good Schools
- Clean Air
- Public Transportation
- Good Jobs
- Strong Local Businesses
- Financial Institutions

Good Health Status

Poor Health Status

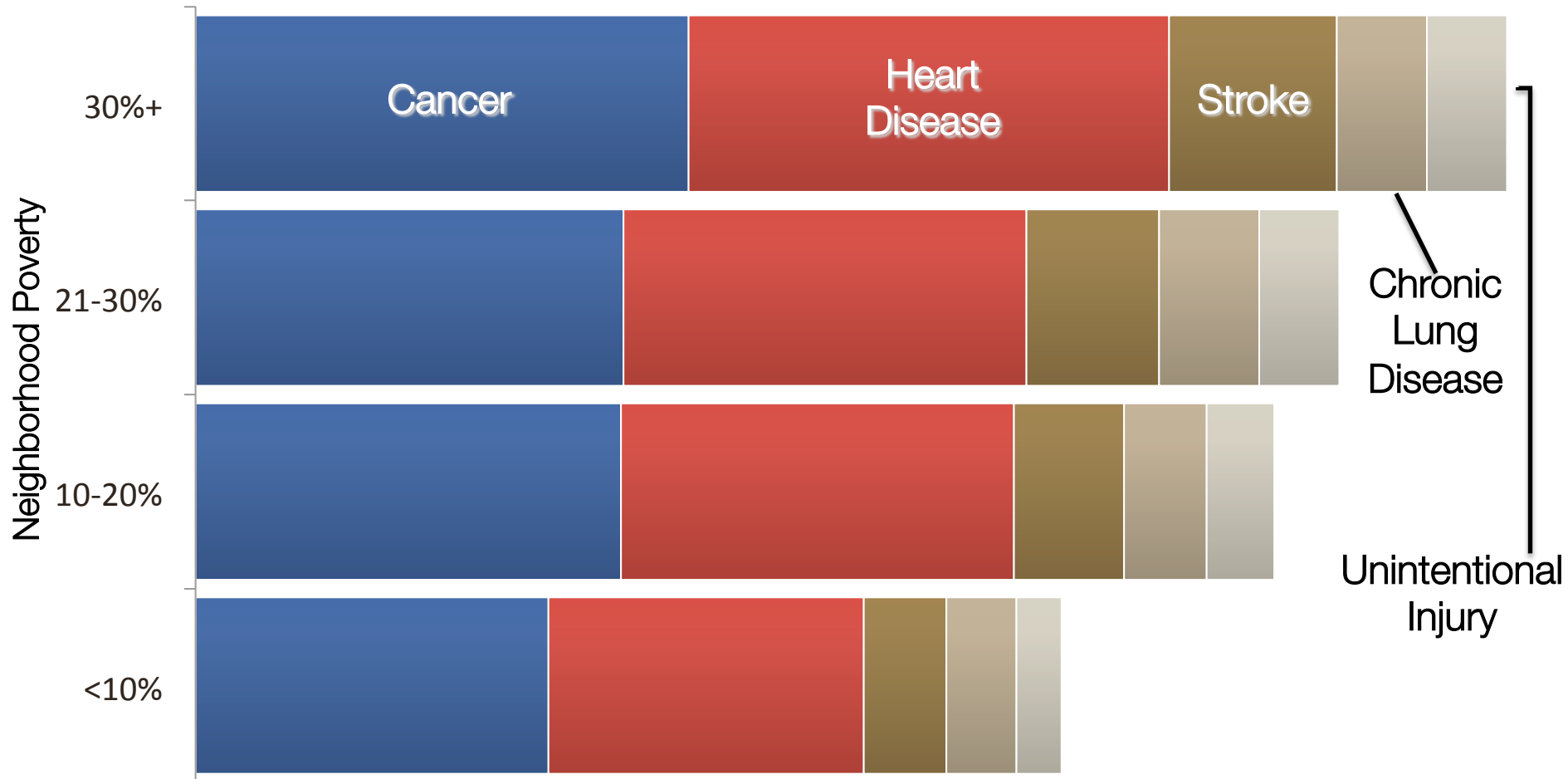
Disinvested Communities

- Limited/Unsafe Parks
- Crime
- Fast Food Restaurants
- Liquor Stores
- Poor Performing Schools
- Pollution and Toxic Exposures
- Limited Public Transportation
- Absence of High Quality Financial Institutions
- Predatory Lenders

The burden of disinvestment in community weighs heavily on health and well-being.



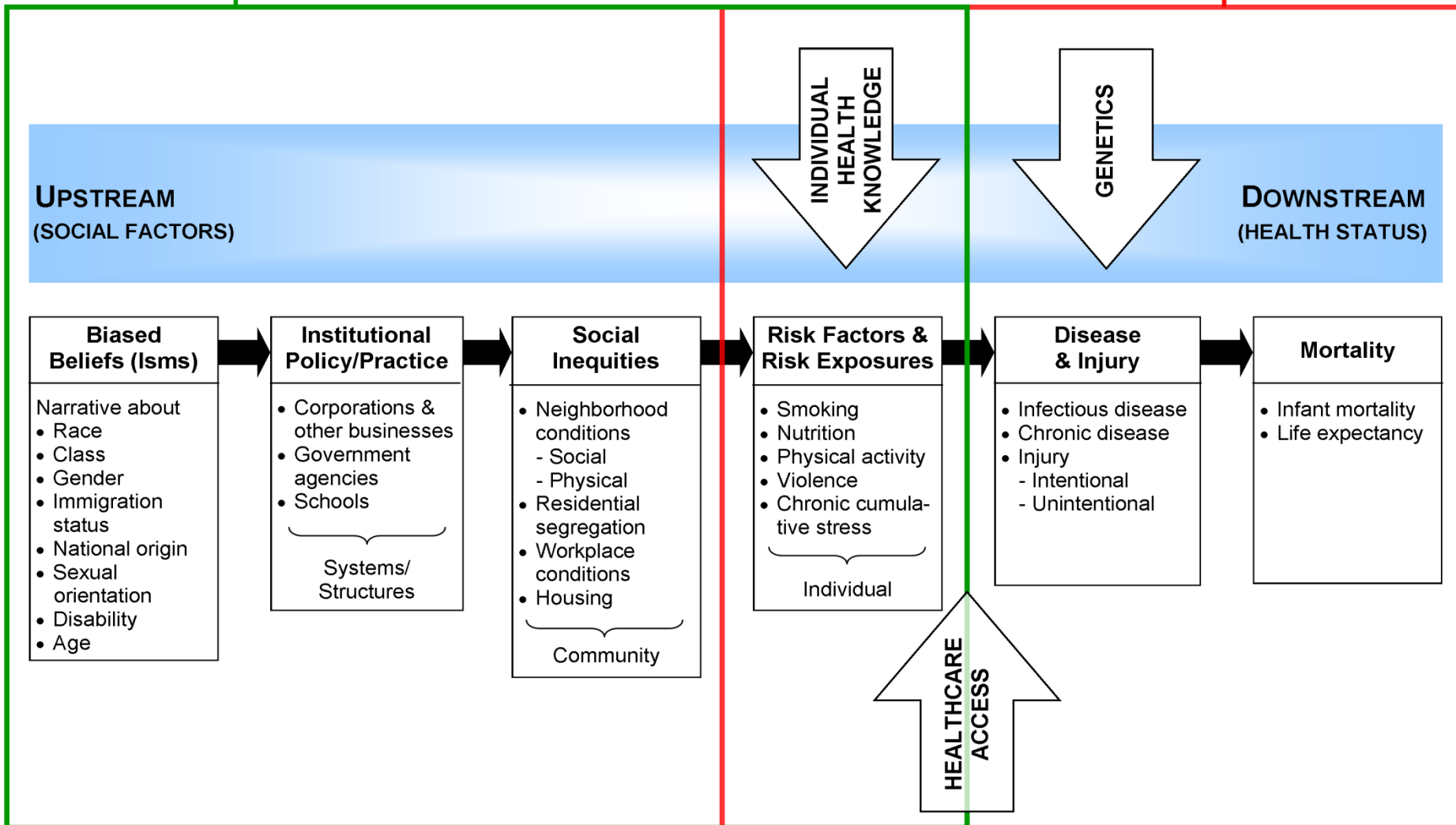
The burden of disinvestment correlates with a higher presence of preventable disease.



Socio-Ecological Model

A Framework for Health Equity

Medical Model



To achieve equity, bias must be confronted.



The evaluation of one group and its members relative to another.

In business and government, explicit bias is against the law.

Explicit Bias

- Expressed directly
- Aware of bias
- Operates consciously
- Example: Sign in window of an apartment building, "We don't rent to _____."

Implicit Bias

- Expressed indirectly
- Unaware of bias
- Operates sub-consciously
- Example: A property manager doing more criminal background checks on Latinos than Whites.

ACT to drive the narrative and to frame the discussion...

- AFFIRM
 1. Start with the heart
 2. Explain why we are all in this together
- COUNTER
 3. Explain why we have the problem
 4. Directly take on the root cause of the inequity
- TRANSFORM
 5. Reframe winners and losers
 6. End with heart and a solution

(from the Center for Social Inclusion)

ACT to frame the discussion...

- AFFIRM

All children deserve a high quality, public education.

- COUNTER

Currently, about 50% of African-American, Latino and Native American students graduate from high school on time.

Harsh, punitive discipline based on subjective infractions drive the outcome. We need to change the policy.

- TRANSFORM

Implementing after-school programs that use a restorative justice approach to disciplinary challenges will benefit all of our children.

ACT to frame the discussion...

- AFFIRM

Everyone needs affordable and reliable means of transportation.

- COUNTER

For the 2.2 million Bay Area residents who do not own or have access to a car, public transportation is a lifeline to basic needs and services essential for individual health and wellbeing.

Historically, buses receive the least amount of government funding of all transit forms and are being forced to cut service and raise fares.

- TRANSFORM

Increase funding for transit service, particularly bus service, in the Regional Transportation Plan to ensure affordable and reliable transportation for everyone.



At the Breakout Session...

Communicating about Health Inequities

- Work through an example or your public health issue
 - Think about the data needed
 - Identify the Root Causes of the issue
 - Design a message using ACT
- Talk through some common issues/concerns

Achieving equity is an investment in people and in the future and legacy of the jurisdiction.



Photos: Thomas Hawk, funkandjazz, Susan Decker (flickr), city-data.com, FYI youth, IPOP, www.home-lover.net, Food to Families



Thank you.
Any questions?
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Using an Equity Framework to build understanding of an issue and its solutions.



Asthma:

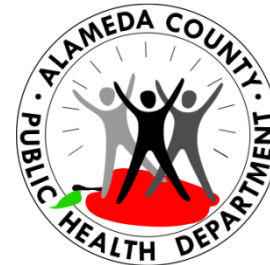
An Overview



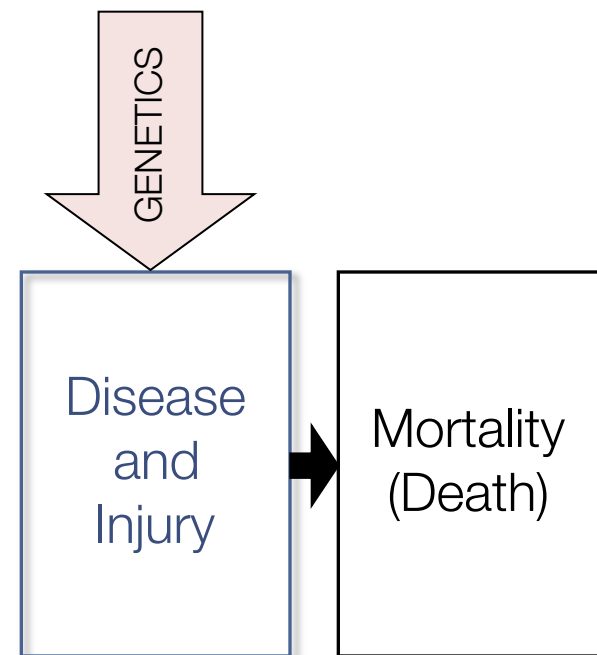
- Chronic inflammatory disorder of the airways
- Airways overreact to certain triggers
- Triggers may include exercise, cold air, allergens (such as dust, ragweed, mold, or cat dander), pollution, infections, and emotional reactions
- Causes wheezing, shortness of breath, chest tightness and coughing

Asthma:

Within A Health Equity Framework



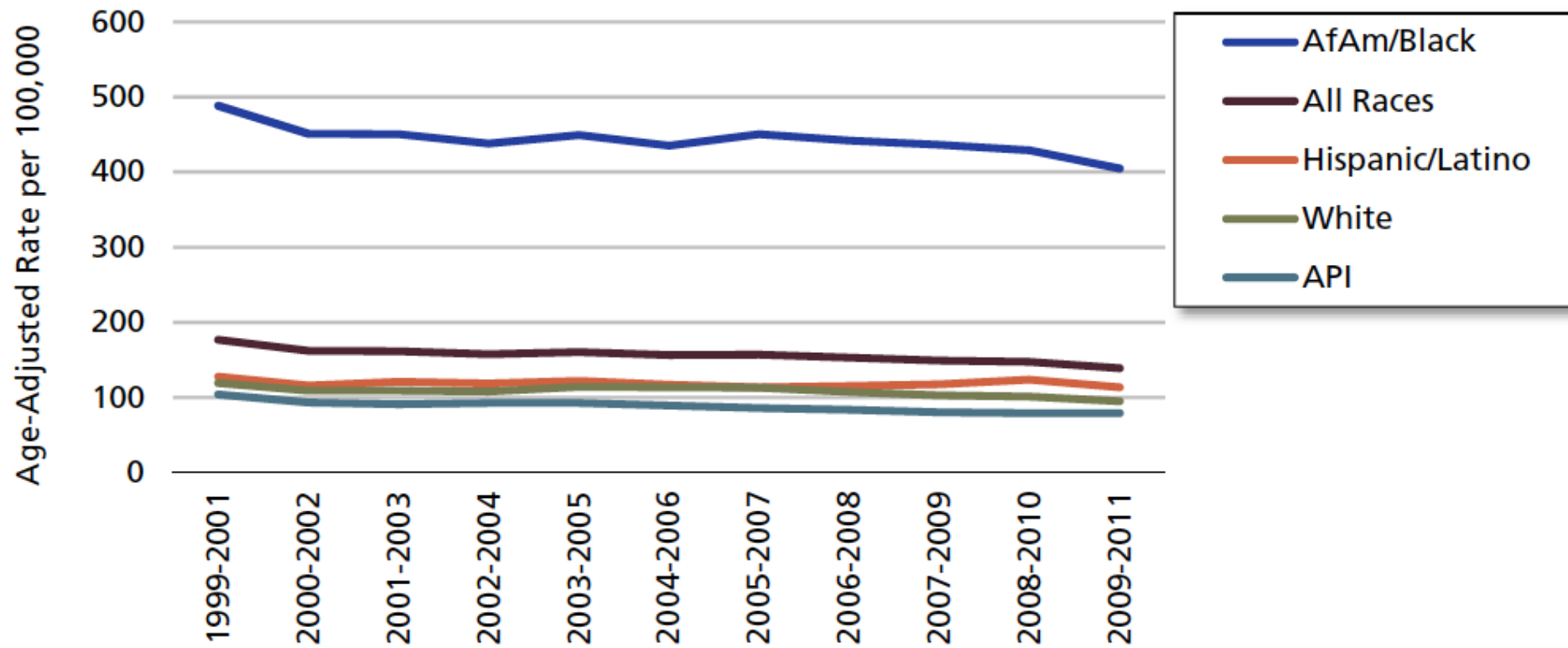
With this disease, have certain populations/ locations experienced significant differences in disease burden and outcomes over time? Why?





Asthma: *County Hospitalization Trends*

Figure 92: Asthma Hospitalization Trend

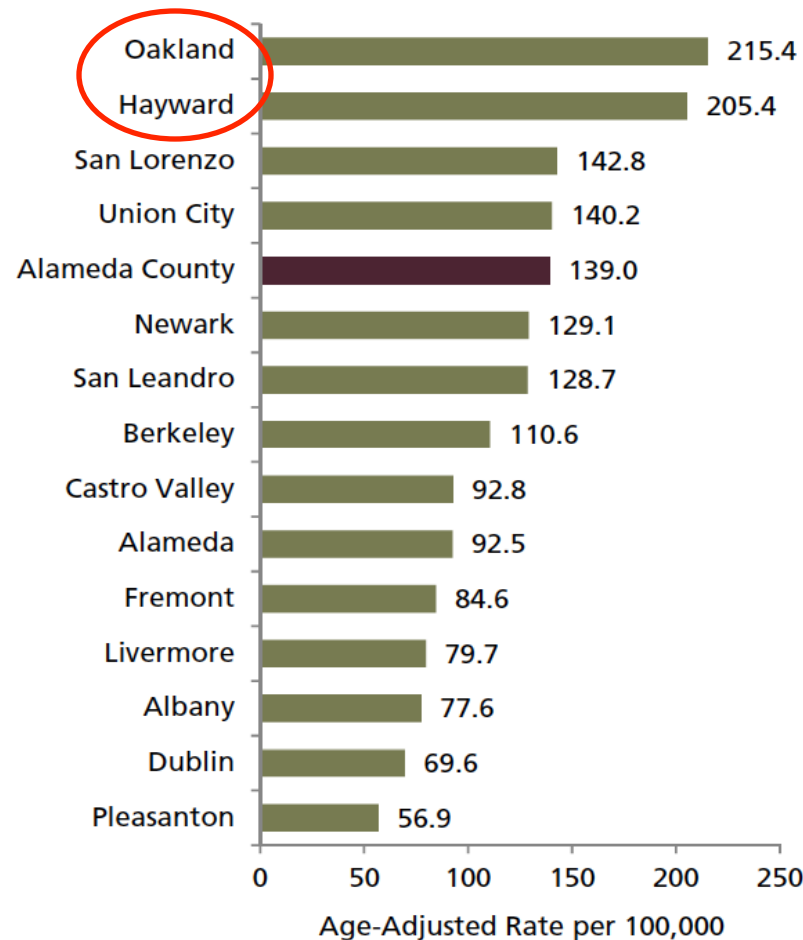


Source: OSHPD PDD, 1999-2011.

Asthma: *County Hospitalization Rates*



Figure 94: Asthma Hospitalization Rates by City/Place

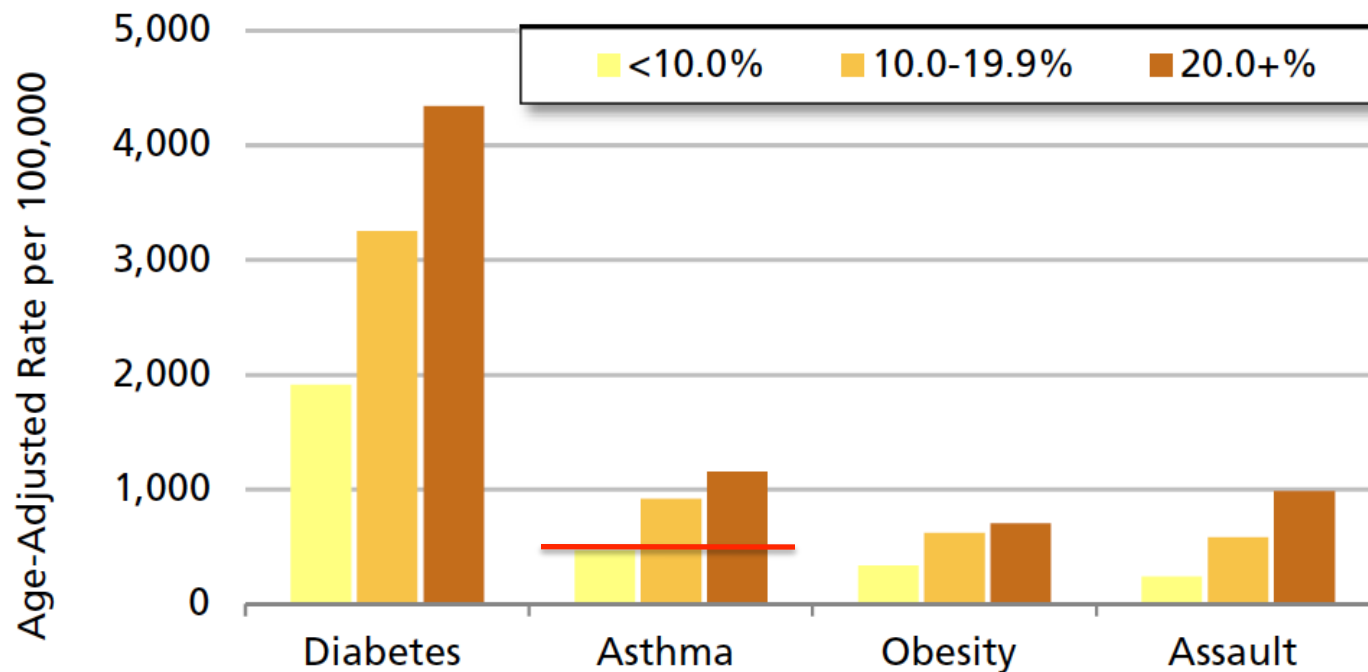


Asthma:

County Emergency Department Visit Rates



Rates of Visits to the Emergency Department for Select Conditions by Zip Code Poverty Level



Source: OSHPD Files, 2008-2010.

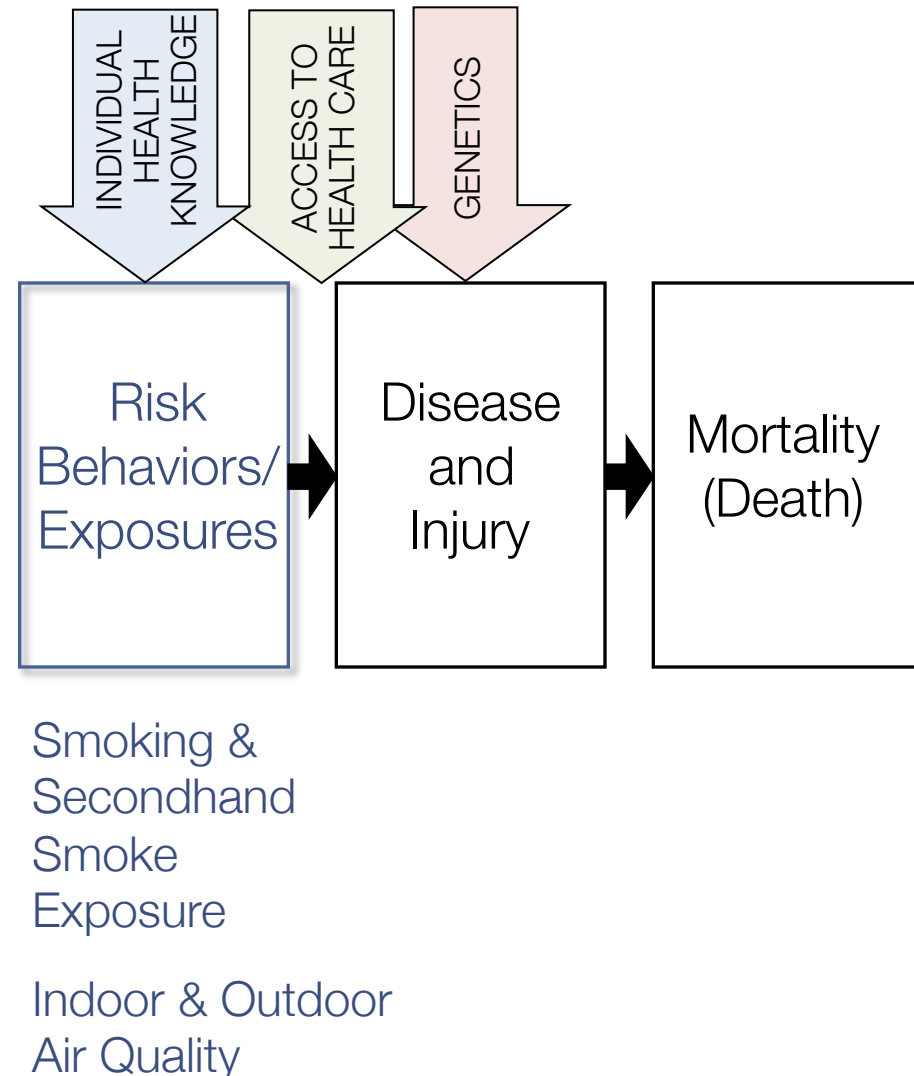
Asthma:

Risk Factors



1) What risk behaviors and/or exposures are significantly different in that population/location? Why?

2) What issues with access to care are contributing to the differences in disease burden and outcomes? With quality of care? Why do they exist?

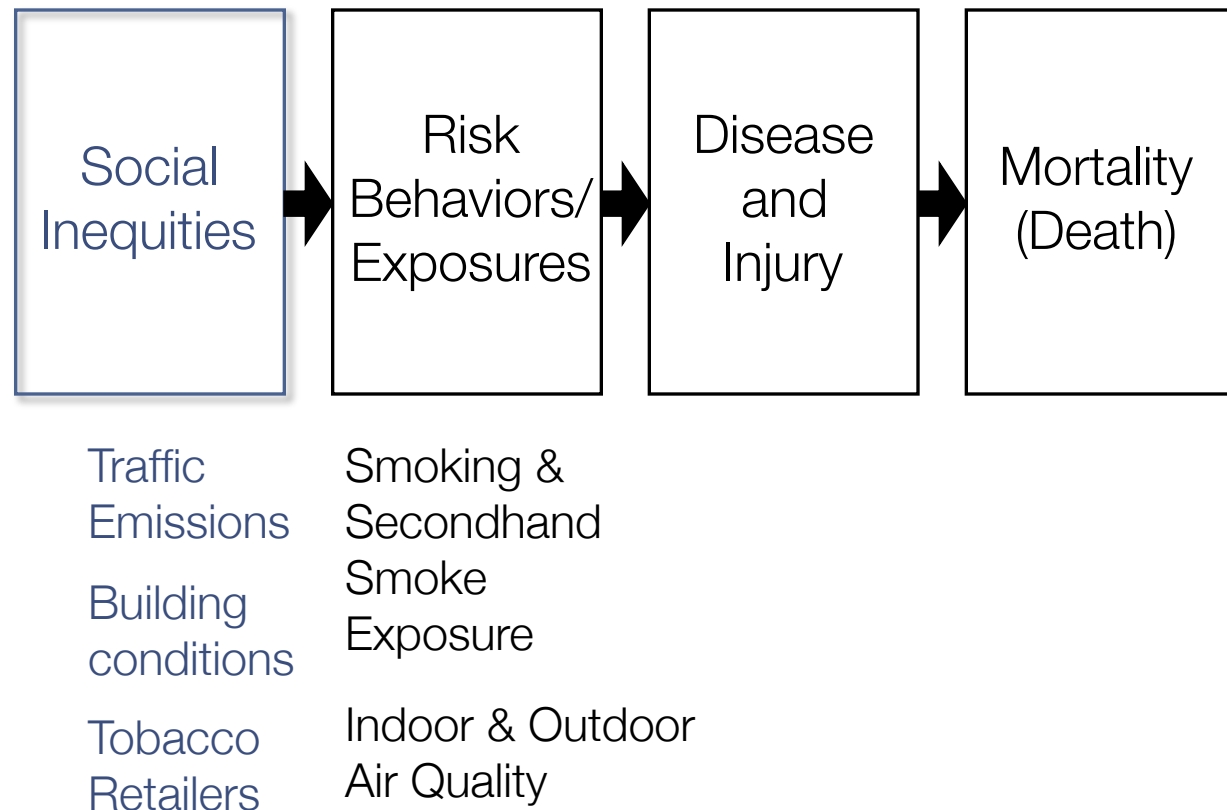




Asthma:

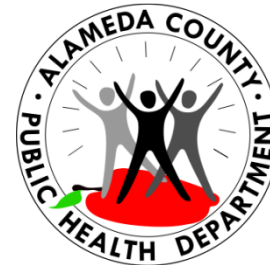
Conditions Leading to Poor Control

What neighborhood/
social conditions are
more health
protective? Or more
risk/disease
promoting? Why are
they present?

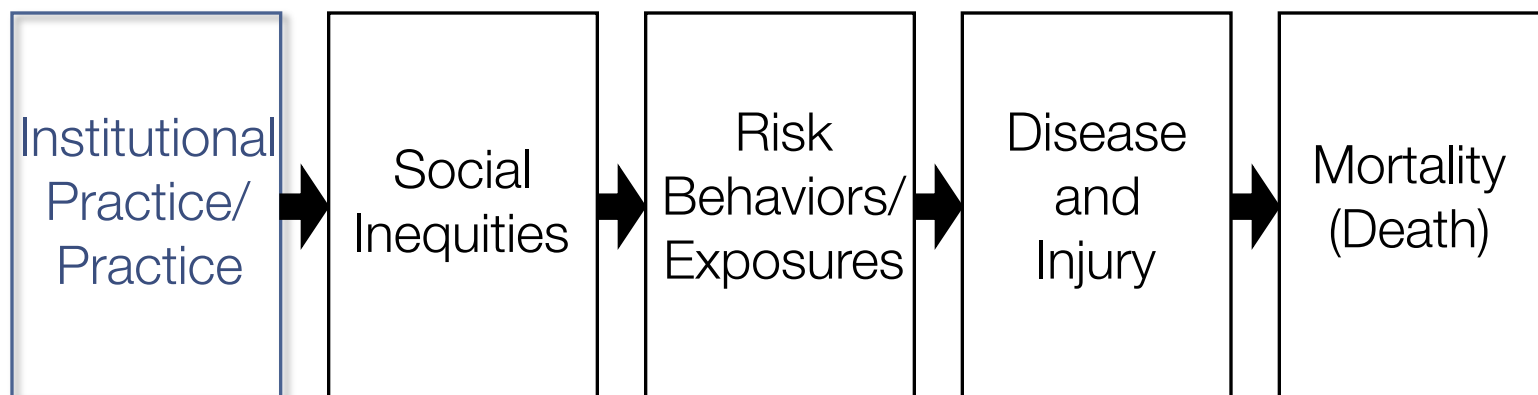


Asthma:

Within A Health Equity Framework



Who determines and influences neighborhood conditions and opportunities? What are the policies or practices that lead to those conditions? Why?



Government
Agencies

Schools, Property
Owners

Businesses,
Property Owners

Traffic
Emissions

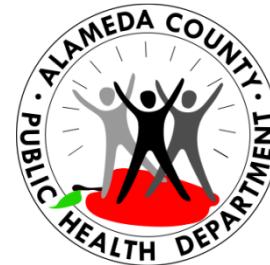
Building
conditions

Tobacco
Retailers

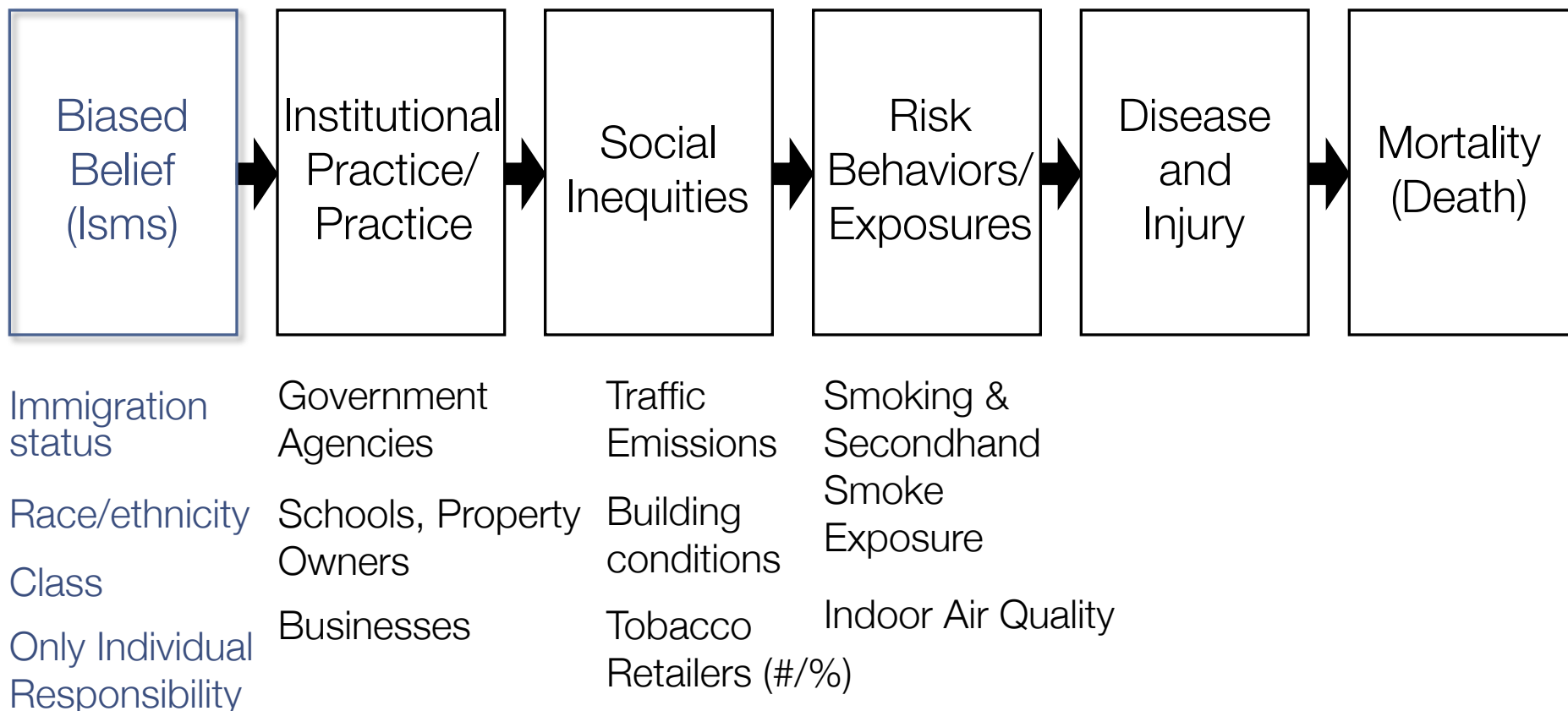
Smoking &
Secondhand
Smoke
Exposure

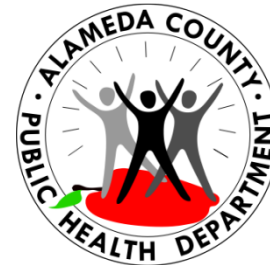
Indoor Air Quality

Asthma: *Within A Health Equity Framework*



What beliefs, assumptions and values influence or are the basis of those policies and practices?





Asthma Analysis: *From Precursors to Impacts?*

